

Patient Registration Checklist

Locate a Registered Physician via this link:

https://dhhr.wv.gov/bph/Documents/Physician%20Licenses_Website_02-09-2021.pdf

Schedule an appointment with the registered physician and obtain a copy of the Patient Certification form from the physician upon completion of your appointment. Please note that the physician must submit a copy of the completed Patient Certification form directly to the Office of Medical Cannabis. Patients should NOT email or mail the Patient Certification form to the Office of Medical Cannabis.

Registering for a Patient Card from the Office of Medical Cannabis is a separate action from registering for a physicians' visit and acquiring a Patient Certification form.

To apply for the Patient Card, click on the link for Patient Registration: <https://wv-public.mycomplia.com/#!/signin>

- In the upper right corner of the screen, click on Register to create an account.
- Once you have entered the registration information and submitted, you will receive an email from Complia with a link to verify your account.
- Once your account has been verified, log into Complia and create an Application for a New Patient Registration.
- Documentation needed for the application:
 - Digital photo of passport quality
 - Photo ID, such as a copy of your driver's license
 - Proof of West Virginia residency. Click this link to view acceptable documentation: <https://transportation.wv.gov/dmv/drivers/pages/drivers-licenses.aspx>
 - Click on Acceptable Proof Documents
 - Then click on Proof of West Virginia Residency Documents
 - Copy of the completed Patient Certification form provided to you by your physician
 - If requesting a waiver of the fee based on financial hardship (income below 200% of the federal poverty level), provide acceptable proof of income, such as W-2, recent pay stubs, proof of benefit eligibility, etc. Please do not send a payment if you are requesting the fee waiver. If the waiver is not granted, you will be notified to submit the fee at that time.
- Upon completion of the application, including uploading all documents, click Submit. A confirmation screen will appear with the Application ID number.
- Mail payment (check or money order payable to WV DHHR) to: WV Office of Medical Cannabis, 350 Capitol Street, Room 523, Charleston, WV 25301. The Application ID number and patient name must be in the memo line of the check or money order.
- You will be notified via email of the status of your application.
- Please allow at least 30 days from receipt of your application and payment in our office before checking the status of your application.